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MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH		County <u>Mohave</u> State <u>Ariz.</u>		State File No. <u>1875</u>	
District or Township <u>Kingman</u> or Village		City <u>Kingman</u> No. _____ St. _____ Ward _____		Registered No. <u>45</u>	
2. FULL NAME <u>Raymond Edward Sharp</u>					
(a) Residence, No. _____ (Usual place of abode)		St. _____ Ward _____		(If non-resident, give city or town and State)	
Length of residence in city or town where death occurred		yrs. <u>6</u> mos. <u>2</u> ds.		How long in U. S. if of foreign birth? yrs. _____ mos. _____ ds. _____	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. <u>Infant</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day and year) _____					
7. AGE	Years	Months	Days	IF LESS than 1 day _____ hrs. or _____ min.	
	<u>1</u>	<u>15</u>			
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work _____					
(b) General nature of industry, business or establishment in which employed (or employer) _____					
(c) Name of employer _____					
9. BIRTHPLACE (city or town) <u>Kingman</u> (State or country) <u>Ariz.</u>					
10. NAME OF FATHER <u>Edmond K. Sharp</u>					
11. BIRTHPLACE OF FATHER <u>Holbrook</u> (city or town) (State or country) _____					
12. MAIDEN NAME OF MOTHER <u>Alta R. Pyle</u>					
13. BIRTHPLACE OF MOTHER <u>Kingman</u> (city or town) (State or country) <u>Ariz.</u>					
14. Informant <u>Charles R. Pyle</u> (Address) <u>Kingman, Ariz.</u>					
15. Filed <u>Oct. 5</u> , 19 <u>31</u> <u>Waterhouse</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>Oct 4</u> 19 <u>31</u>					
17. I HEREBY CERTIFY, That I attended deceased from <u>Sept. 10</u> , 19 <u>31</u> to <u>Oct 4</u> , 19 <u>31</u> , that I last saw him alive on <u>Oct 3</u> , 19 <u>31</u> , and that death occurred, on the date stated above, at <u>7 a.</u> m. The CAUSE OF DEATH* was as follows: <u>Starvation</u>					
(duration) _____ yrs. _____ mos. <u>30</u> ds.					
CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.					
18. Where was disease contracted <u>Yes</u> If not at place of death? _____					
Did an operation precede death? _____ Date of _____					
Was there an autopsy? _____					
What test confirmed diagnosis? _____ (Signed) <u>T. R. White</u> M. D.					
(Address) <u>10-5-31 Kingman Ariz.</u>					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space).					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Kingman, Ariz.</u>				DATE OF BURIAL <u>Oct 5, 1931</u>	
20. UNDERTAKER <u>C. R. San Martin</u>				ADDRESS <u>Kingman, Ariz.</u>	